

Dental Therapy Toolkit

SUMMARY OF DENTAL THERAPY REGULATORY AND PAYMENT PROCESSES

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OFFICE OF RURAL HEALTH AND PRIMARY CARE
EMERGING PROFESSIONS PROGRAM



A Better State of Health



Minnesota Department of Human Services

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Summary of Dental Therapy Regulatory and Payment Processes

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After a thorough review of state laws, rules and regulations from the Minnesota Board of Dentistry, the Minnesota Department of Human Services and additional information from the Minnesota Department of Health, the following document summarizes licensure and regulatory requirements, and billing and payment procedures for both dental therapists and advanced dental therapists in Minnesota. Detailed statutes, administrative rules and other regulatory policies are provided in the appendices and the most accurate and up-to-date billing information and payment policies can be found in the DHS provider manuals.

Licensure and Regulatory Requirements

The Dental Therapist (DT) is a mid-level dental provider licensed by the Minnesota Board of Dentistry under Minnesota Statutes (MS), section 150A.105. An Advanced Dental Therapist (ADT) is a DT who obtains advanced practice certification under MS 150A.106 by obtaining additional education, completing 2000 hours of supervised clinical practice and passing a certification examination. An ADT is authorized to perform additional services a DT cannot perform and is also able to provide all DT and ADT services in settings where there is no dentist on site. All DTs and ADTs must be supervised by a Minnesota-licensed dentist and are limited to practicing in settings that serve primarily low-income, uninsured or underserved patients or communities with a shortage of dental professionals. This section summarizes the statutory, regulatory and public program reimbursement requirements for DTs and ADTs. **The detailed statutes, administrative rules and other regulatory policies are provided in the appendices.**

Education and Examination Requirements

There are two dental therapy education programs in Minnesota that have been approved by the Minnesota Board of Dentistry, the University of Minnesota School of Dentistry and a Metropolitan State University program that is administered in partnership with Normandale Community College. Both programs prepare students for both licensure as a dental therapist and certification as an advanced dental therapist. Each educational program's requirements are described below.

- At the **University of Minnesota School of Dentistry's** Master in Dental Therapy program, eligible applicants are those who have completed a BS or a BA degree along with specific prerequisite courses. In the 28-month program, dental therapists learn along-side of dental and dental hygiene students and complete the same clinical

competencies as dental students where the scope of practice of a dental therapist is the same. Starting in the Fall of 2016, the UMN will move to a 32 month, dual degree program where graduates will earn both a Bachelor of Science in Dental Hygiene and a Master in Dental Therapy and will be eligible to pursue licenses in both dental hygiene and dental therapy. Eligible applicants are students who have completed one year of college prerequisite courses.

- At **Metropolitan State University and Normandale Community College's** Master of Science in Advanced Dental Therapy program, eligible applicants are Minnesota licensed dental hygienists who have earned a BS or a BA degree, completed a restorative functions course (credit or non-credit), and have a cumulative GPA of 3.0, along with other requirements. In the advanced dental therapy 16-month program, students are taught by dentists and educated to the level of a dentist within their scope of practice.

DT: To be eligible for licensure, a DT must have graduated from a dental therapy education program that has been approved by the Board of Dentistry or is accredited by the Commission on Dental Accreditation (CODA) or another board-approved accreditation body. The education program must be at least a baccalaureate level degree. To be licensed, a DT must pass a comprehensive, competency-based clinical examination that is approved by the Board and administered independently of an institution providing dental therapy education. The DT must also pass an examination testing the applicant's knowledge of the Minnesota laws and rules relating to the practice of dentistry.

ADT: To be eligible to pursue advanced dental therapy certification, a DT must have graduated from a master's level program in advanced dental therapy from an education program that is approved by the Board or accredited by CODA or another Board-approved accreditation body. In addition, a licensed DT must complete and document 2000 hours of clinical practice as a dental therapist under indirect or general supervision of a dentist. After graduating from an approved master's level dental therapy degree program and completing the 2000 clinical hours, the dental therapist seeking advanced certification will go through the three-part certification process offered by the Minnesota Board of Dentistry. The three components of the exam consist of 1) Patient Records Review; 2) Board written scenario exam; and 3) Interview with the Licensing and Credentials Committee. The DT may then apply for ADT Certification upon successful completion of the three components of the Advanced Dental Therapy Certification Examination.

Dentist Supervision

All DTs and ADTs must work under the supervision of a Minnesota-licensed dentist. The DT/ADT and the supervising dentist must enter into a written contract called a Collaborative Management Agreement (CMA) that establishes the practice relationship. In the CMA, the supervising dentist may limit the scope of practice of the DT to be less than what is authorized in state law based on the dentist's judgment of the DT's skill and experience and other factors.

The level of dentist supervision required is also specified in statute and varies depending on the service performed and whether the individual is a DT or ADT. Minnesota law and administrative rules define the different levels of dentist supervision that apply depending on the service provided and whether the DT has Advanced Practice certification (see Scope of Practice below for the applicable supervision requirements). The four different types of supervision are defined in Minnesota Rules, Part 3100.0100, subpart 21, as follows:

1. **"Personal supervision"** means the dentist is personally operating on a patient and authorizes the allied dental personnel to aid in treatment by concurrently performing supportive procedures.
2. **"Direct supervision"** means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient, evaluates the performance of the allied dental personnel.
3. **"Indirect supervision"** means the dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed by the allied dental personnel.
4. **"General supervision"** means the supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist.

Collaborative Management Agreement

Prior to performing any services, a dental therapist or an advanced dental therapist must enter into a written CMA with a Minnesota-licensed dentist. A dentist may have a CMA with no more than five dental therapists or advanced dental therapists at any given time. A DT and ADT may have more than one supervising dentist, in which case a different CMA is needed with each supervising dentist. The Board requires CMAs and amendments to CMAs to be filed with the Board. The format and content of the CMA are subject to state law requirements and regulations established by the Minnesota Board of Dentistry. The CMA may include limitations on services provided or supervision required as determined by the collaborating dentist. Also, the collaborating dentist accepts responsibility for all services authorized and performed by the DT or ADT pursuant to the CMA. See **DT and ADT CMA guidelines and applications** for additional information on DT and ADT CMAs.

Statutory requirements for CMAs: the following are the requirements for what topics must be addressed in the CMA:

DT: The topics that must be included in the CMA for a DT are:

- 1 Practice settings where services may be provided and the populations to be served as outlined in MS Section 150.105, Subdivision 8;
- 2 Any limitations on the services that may be provided by the dental therapist, including the level of supervision required by the collaborating dentist;
- 3 Age and procedure specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
- 4 A procedure for creating and maintaining dental records for the patients who are treated by the dental therapist;
- 5 A plan to manage medical emergencies in each practice setting where the dental therapist provides care;
- 6 A quality assurance plan for monitoring care provided by the dental therapist, including patient care review, referral follow-up and a quality assurance chart review;
- 7 Protocols for dispensing and administering medication authorized under Section 150.105, Subdivision 5.
- 8 Criteria relating to the provision of care to patients with specific medical conditions or complex medication histories, including requirements for consultation prior to initiation of care;
- 9 Supervision criteria for dental assistants to the extent permitted in the CMA and according to Section 150A.10, Subdivision 2;
- 10 A plan for the provision of clinical resources and referrals in situations which are beyond the capabilities of the dental therapist.

ADT: In addition to the above, a CMA for an ADT must also include the following:

- 1 A plan to refer patients to another qualified dental or health professional to receive any needed services that exceed the Scope of Practice of the ADT;
- 2 Specific written protocols to govern situations in which the ADT encounters a patient who requires treatment that exceeds the authorized Scope of Practice;
- 3 Protocols for the oral evaluation and assessment of dental disease, and for the formulation of an individualized treatment plan by the ADT and authorized by the collaborating dentist;
- 4 Protocol for the comprehensive oral evaluation by the collaborative dentist;
- 5 A plan for nonsurgical extractions of permanent teeth as limited by the Scope of Practice, under General Supervision, and if authorized in advance by the collaborating dentist.

Clinical Experience

All DTs engage in clinical experiences as part of their education program. In order to be certified as an ADT, a DT must complete 2,000 hours of clinical practice as a dental therapist. A maximum of 700 of these 2000 hours can be completed as a component of ones ADT educational program. All additional hours must occur during the provision of hands-on clinical care under direct or indirect supervision by a dentist. ADT candidates must submit 3-5 patient records documenting examples of their clinical care to the Board of Dentistry.

Permitted Practice Settings

Minnesota's DTs/ADTs were established to improve access to oral health care for patients, communities and regions with difficulty obtaining access. For this reason, Minnesota law requires that DTs and ADTs are limited to primarily practicing in settings that serve low-income, uninsured and underserved patients or in a dental health professional shortage area. MS 105A.105 specifically defines the settings where DTs/ADTs may practice as follows:

Subd. 8. Definitions. (a) For the purposes of this section, the following definitions apply.

(b) "Practice settings that serve the low-income and underserved" mean:

(1) critical access dental provider settings as designated by the commissioner of human services under section [256B.76, subdivision 4](#);

(2) dental hygiene collaborative practice settings identified in section [150A.10](#), subdivision 1a, paragraph (e), and including medical facilities, assisted living facilities, federally qualified health centers, and organizations eligible to receive a community clinic grant under section [145.9268, subdivision 1](#);

(3) military and veterans administration hospitals, clinics, and care settings;

(4) a patient's residence or home when the patient is home-bound or receiving or eligible to receive home care services or home and community-based waived services, regardless of the patient's income;

(5) oral health educational institutions; or

(6) any other clinic or practice setting, including mobile dental units, in which at least 50 percent of the total patient base of the dental therapist or advanced dental therapist consists of patients who:

(i) are enrolled in a Minnesota health care program;

(ii) have a medical disability or chronic condition that creates a significant barrier to receiving dental care;

(iii) do not have dental health coverage, either through a public health care program or private insurance, and have an annual gross family income equal to or less than 200 percent of the federal poverty guidelines; or

(iv) do not have dental health coverage, either through a state public health care program or private insurance, and whose family gross income is equal to or less than 200 percent of the federal poverty guidelines.

(c) "Dental health professional shortage area" means an area that meets the criteria established by the secretary of the United States Department of Health and Human Services and is designated as such under United States Code, title 42, section 254e.

Legal Scope of Practice

Minnesota statutes set forth the scope of practice (services, procedures and treatments) that DTs and ADTs are legally authorized to provide and the level of supervision required for each. As stated previously, however, the supervising dentist may further limit the scope of practice of a DT or ADT he or she supervises to be less than legally authorized under state law.

DT Scope of Practice (MS 105A.105)

General Supervision (dentist need not be present)

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| <ol style="list-style-type: none"> 1 Oral Health instruction and disease prevention education, including nutritional counseling and dietary analysis 2 Preliminary charting of the oral cavity 3 Making radiographs 4 Mechanical polishing 5 Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants 6 Pulp vitality testing 7 Application of desensitizing medication or resin | <ol style="list-style-type: none"> 8 Fabrication of athletic mouth guards 9 Placement of temporary restorations 10 Fabrication of soft occlusal guards 11 Tissue conditioning and soft reline 12 Atraumatic restorative therapy 13 Dressing changes 14 Tooth reimplantation 15 Administration of local anesthetic 16 Administration of nitrous oxide |
|--|---|

Indirect Supervision (dentist onsite but need not be present in the room)

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| <ol style="list-style-type: none"> 1 Emergency palliative treatment of dental pain | <ol style="list-style-type: none"> 2 The placement and removal of space maintainers |
|---|--|

SUMMARY OF DENTAL THERAPY REGULATORY AND PAYMENT PROCESSES

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|---|---|
| 3 Cavity preparation | 9 Stabilization of reimplanted teeth |
| 4 Restoration of primary and permanent teeth | 10 Extractions of primary teeth |
| 5 Placement of temporary crowns | 11 Suture removal |
| 6 Preparations and placement of performed crowns | 12 Brush biopsies |
| 7 Pulpotomies on primary teeth | 13 Repair of defective prosthetic devices |
| 8 Indirect and direct pulp capping on primary and permanent teeth | 14 Recementing of permanent crowns |

Other authorizations and their limitations for licensed dental therapists are:

- 1 Dispense and administer the following drugs within the parameters of the collaborative management agreement: analgesics, anti-inflammatories, and antibiotics. The authority to dispense includes the authority to dispense sample drugs within those categories. Dispensing or administering a narcotic drug is explicitly prohibited.
- 2 Supervise up to but no more than four licensed dental assistants or nonregistered dental assistants in any one practice setting to the extent permitted by the collaborative management agreement.

ADT Scope of Practice (MS 105A.106)

An ADT may perform all DT services listed above and, in addition, the services listed below. All services may be performed under general supervision if authorized by the supervising dentist in the CMA.

Additional ADT scope of practice:

- 1 An oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan authorized by the collaborating dentist;
- 2 All services and procedures authorized for a licensed dental therapist; and
- 3 Nonsurgical extraction of periodontally diseased permanent teeth with tooth mobility of +3 to +4 under general supervision, if authorized in advance by the collaborating dentist. The advanced dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, fractured, or needs to be sectioned for removal.

Other authorizations and limitations for certified advanced dental therapists:

- 1 No service or procedure allowed for an advanced dental therapist may be provided except as authorized by the collaborating dentist.
- 2 The collaborating dentist is responsible for directly providing or arranging for another dentist or specialist to provide any necessary advanced services needed by the patient.
- 3 An advanced dental therapist must refer patients to another qualified dental or health care professional to receive any needed services that exceed the scope or practice of the advanced dental therapist.
- 4 An advanced dental therapist may provide, dispense and administer the following drugs within the parameters of the collaborative management agreement: analgesics, anti-inflammatory, and antibiotics. The authority to dispense includes the authority to dispense sample drugs within those categories if permitted by the collaborative management agreement. Providing, dispensing or administering a narcotic drug is explicitly prohibited.

Relationship to Other Allied Oral Health Practitioners

A DT or ADT may supervise up to, but no more than, four licensed dental assistants or nonregistered dental assistants in any one practice setting to the extent permitted by the collaborative management agreement. The scope of practice of DTs and ADTs does not include dental hygiene services. However, some DTs or ADTs may also be trained and licensed as a dental hygienist, in which case they are permitted to provide both DT/ADT and dental hygiene services as long as they maintain both licenses.

Other Regulatory Requirements

This section reviews most of the specific legal and regulatory requirements that apply to DTs and ADTs. DTs and ADTs are also subject to many other general licensure and regulatory requirements that apply more broadly to all oral health and dental professionals, including dentists, dental hygienists and dental assistants. Examples are continuing education, complaint investigation, and professional misconduct. See **Minnesota State Laws Relating to DTs and ADTs**, which includes a list of all of the Board of Dentistry laws that include a reference to DTs or ADTs. Regulatory requirements are also contained in administrative rules adopted by the Board of Dentistry in Minnesota Rules, Chapter 3100.

Billing and Payment Procedures and Requirements

This section summarizes only the billing and payment procedures and requirements established for Minnesota's Medical Assistance (MA, also known as "Medicaid") program.

MS 256B.0625, subdivision 59, establishes that MA covers services provided by advanced dental therapists and dental therapists when provided within the scope of practice identified in MS 150A.105 and 150A.106.

To be eligible for payment by MA, the DT or ADT must be licensed, have a board-approved CMA with a supervising dentist and be employed by an oral health provider that is enrolled with the Minnesota Department of Human Services to provide MA-covered services. DTs and ADTs do not bill directly but through their enrolled dental clinic or group practice that serves as the “billing provider.” However, the DT or ADT must still enroll as a “rendering provider” and obtain a National Provider Identifier (NPI).

Once enrolled, the billing provider may bill for the DT’s and ADT’s services provided to an eligible patient. For services that are paid for directly by DHS, DT and ADT services are reimbursed at 100% of the MA reimbursement rates established by DHS for dentists providing these services. For MA patients who are enrolled in a managed care plan, the managed care plan may establish its own DT/ADT payment rates and may also establish additional credentialing or payment requirements for DTs and ADTs, as long as they are providing their enrollees with access to DT and ADT services.

FQHCs. Minnesota Federally Qualified Health Centers (FQHCs) have special payment methodologies under the MA program that provide for payment of a per-visit “encounter payment” rate for dental services. Services provided to an FQHC patient by a DT or ADT will trigger payment of the FQHC’s normal dental encounter rate. ADT services provided in approved scope of project community settings outside the FQHC’s dental clinic also trigger payment of the dental encounter rate.

The encounter rate is established based on a combination of historical costs of services, inflation adjustments, subsequent adjustments to the base rate for changes in scope or services provided, and other factors. FQHCs who have added DTs/ADTs to their workforce and the costs are not included in the base encounter rate may submit a Change in Scope application to incorporate these costs. However, DHS will review all costs and if the addition of the DT or ADT or other factors have resulted in a net *decrease* in cost for the FQHC the FQHC’s dental encounter rate may actually go down.

The **DT/ADT DHS Provider Manual** contains the most accurate and up-to-date payment policies and detailed requirements established by DHS for enrollment, billing and reimbursement of DT and ADT services.

DT provider manual:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166842;

ADT provider manual:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166843

See the **Board of Dentistry DT/ADT Scope of Practice** information for billing codes and supervision requirements for both DTs and ADTs (<https://mn.gov/boards/dentistry/>).

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